

SENSITIZER MEDICAL SURVEILLANCE PERIODIC QUESTIONNAIRE

Date of examination

Location

Name (Print)

Social Security Number

Employer (Print)

Unit Assignment

Please check the single best answer to each question

During the past four weeks:

	Yes	No
4.1 Has your chest felt tight or your breathing become difficult?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Has your chest sounded wheezing or whistling?	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Have you had a persistent or regular cough?	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Have you developed a new skin rash?	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Recurrent soreness or watering of your eyes?	<input type="checkbox"/>	<input type="checkbox"/>
4.6 Recurrent blocked or running nose?	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Have you consulted a doctor about chest problems?	<input type="checkbox"/>	<input type="checkbox"/>
4.8 Are you currently taking any medicines or inhalers for chest problems?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please answer the following questions:

5.1 If you run, or climb stairs fast do you

5.11	cough?	<input type="checkbox"/>	<input type="checkbox"/>
5.12	wheeze?	<input type="checkbox"/>	<input type="checkbox"/>
5.13	get tight in the chest?	<input type="checkbox"/>	<input type="checkbox"/>

5.2 Is your sleep broken by

5.21	wheeze?	<input type="checkbox"/>	<input type="checkbox"/>
5.22	difficulty with breathing?	<input type="checkbox"/>	<input type="checkbox"/>

5.3 Do you wake up in the morning (or from sleep, if a shift worker) with

5.31	wheeze?	<input type="checkbox"/>	<input type="checkbox"/>
5.32	difficulty with breathing?	<input type="checkbox"/>	<input type="checkbox"/>

5.4 Do you wheeze

5.41	if you are in a smoky room?	<input type="checkbox"/>	<input type="checkbox"/>
5.42	if you are in a very dusty place?	<input type="checkbox"/>	<input type="checkbox"/>

5.5 What happens to your symptoms

- 5.51 On weekends? ☐ better ☐ same ☐ worse
 5.52 On holidays of 4 days or more? ☐ better ☐ same ☐ worse
 5.53 With exposure to a particular substance or process?

Please describe on the back of the page.

**SENSITIZER MEDICAL SURVEILLANCE
PERIODIC QUESTIONNAIRE**

I declare to the best of my knowledge that the answers to the questions above are complete and accurate.

Employee's Signature

Date

Health Professional Reviewer

- ☐ No further action required
☐ Refer to occupational health physician for additional evaluation

Name of Physician: _____

Date of appointment: _____

Comments: _____

Health Professional Reviewer's Signature

Date

Health Professional Reviewer's Name (Printed)